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**Panel of Experts - Next Steps****Panel of Experts Plan:**

- Review documentation listed below
- Once the panel is in receipt of documents, we will take a few weeks to review and then schedule a conference call to determine time frames and next steps
- Complete site visits to St. Peters and Moose Lake
- Interview patients and staff at each facility
- Complete chart reviews based on random sample (as described below)

**Initial Scope of Panel Work:**

- The panel plans to review the MSOP treatment and screening program/process, not the individuals (i.e., residents) in the program.
- If while reviewing resident charts or interviewing residents the panel identifies glaring issues with a resident not receiving appropriate services, we will generally comment on that and make system recommendations to address the discovered issues. The goal of looking at resident charts and possibly interviewing residents, however, is get an understanding of what is happening in the program so that it may be evaluated, not to make comments about an individual resident's risk or treatment progress.

**List of Requested Documents:**

*\*The panel kindly requests that all information below be sent together in a packet or placed in a dropbox no later than February, 28, 2014.*

**1. Reference Documents**

- a. Civil confinement law/statute
- b. PET report
- c. Task Force report
- d. Auditor report
- e. Class action lawsuit documents, including any affidavits submitted
- f. Patient rights law as applied to MSOP residents
- g. MSOP evaluation reports (i.e., Bob, Jim, and Bill evaluation reports) – if available
- h. All Administrative Directives, Administrative Rules, etc. applied to MSOP

**2. MSOP Policies and Procedures**

- a. MSOP Program and both institution's organizational charts, including job descriptions and qualifications for clinical/treatment staff and supervisors
  - i. What is the governing structure for the program?
  - ii. Are there any committees? Who are on them?
- b. Program description including phase goals/treatment targets, treatment hours, treatment service plans, etc.
- c. Patient/resident handbook
- d. Treatment schedule/ standard resident schedule for each phase of treatment
- e. Grievance policy/process
- f. Behavioral management plans/policies (e.g., privilege levels)
- g. Admission process and policy
- h. Referral for Release process and Release process – who makes those decisions,

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- i. Staff/patient ratios and staffing numbers by discipline in each institution (e.g., social workers, security, treatment aides, psychologists, nurses, etc.)
- j. Staff training policies/curriculum, including annual and orientation training requirements
- k. Battery of assessments used for the treatment process
- l. Templates for any forms or assessments used in the treatment process
- m. Chart map - what is supposed to be in each resident's chart? What order should documents be filed?
  - i. Can we get a copy of the "best" chart so we know what a good chart looks like?
- n. Any other policy/procedure related to the treatment program, LRA or provisional release

### 3. MSOP Program Questions

- a. What is the legal standard to get into MSOP and what is the legal standard to get out?
- b. How does MSOP define treatment refusers?
- c. Does MSOP use AAT, arousal conditioning, polygraph, or PPG? If so, please provide written policies related to these treatment aides.
- d. Are any services contracted? If yes, what are they?
- e. What psychiatric services are provided and how are residents referred?
- f. What medical services are provided and how are residents referred?
- g. What is the difference between the St. Peters facility and the Moose Lake facility? How many residents are at each facility? How is it decided which residents will go to which facility?
- h. Is there a resident council? How are residents selected to serve on this council?
- i. Is there a process for developing policies - what is the policy for how policies are developed?
- j. Is MSOP accredited by any outside organization (e.g., Joint Commission)? If yes, please provide a copy of the last 2 accreditation reports.
- k. Are there any external organizations that have oversight of quality of care provided at MSOP and/or that residents can call to report abuse?
- l. How are incidents reported/tracked within the facility?
- m. Over the past 20 years, how many patients have been recommended for release by the treatment program? In each case what happened (i.e., what was the review process after the recommendation that resulted in the resident not being released)?
- n. Are there already least restrictive options available? If so, please provide documentation related to the LROs. How do people get to them (i.e., what is the process for release from confinement to one of these less restrictive options)?
- o. Are sex offenders provided sex offender specific treatment while in the MN prison? If so, what does the treatment program look like (e.g., treatment description, treatment goals)?

### 4. MSOP Data

- a. Is there an electronic data system? What data is stored in it?
- b. Is there an electronic resident record system (i.e., electronic resident chart)?
- c. How many residents are currently in each phase of treatment?
- d. Over the last 3 years, how many residents have been demoted in treatment phase and to what phases?
- e. Over the last 3 years, how many residents have been promoted in treatment phases and to what phases?
- f. On average, how long does it take to complete each phase of treatment?
- g. What is the average Static-99 and/or MnSOST-R scores for confined offenders, by year?
- h. What is the average PCL-R score and how many residents score above a 25?

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**5. Commitment Referral and Screening/Assessment Policies and Procedures**

- a. Copies of all screening policies and procedures (DOC/DHS)
- b. Battery of assessments used for the evaluation process
- c. Templates for any forms or assessments used in the screening process
- d. Template for the evaluation report completed by psychologists to determine or opine on meeting commitment criteria
- e. Who conducts the evaluations/provides testimony in court? How are clinicians selected for this job task? What are the criteria for being selected to complete these evaluations? How are cases assigned?
  - i. If there is a standard contract for these services? Can we have a copy of the contract?
- f. Is there a standard training policy for evaluators? If so, what is it?
- g. Statistics of the screening process (by year for the past 20 years)
  - i. How many offenders are screened each year?
  - ii. How many offenders are referred to each level of the review process?
  - iii. How many offenders are recommended to the DOJ/District Attorney's Office?
  - iv. How many petitions for civil confinement are filed each year by the DOJ/DA's office?
  - v. How many of these petitions are for offenders not referred by DOCS?
- h. Are there any statistics/follow-up information on individuals screened, but not recommended for civil confinement?

**Plan for Reviewing a Sample of Resident Charts:**

- The panel needs information from MSOP related to how residents are separated within the program - by ward, by phase, by treatment tracks and/or by specialized population (e.g., SPMI, psychopathy, juveniles/juvenile only offenders, intellectual disability)
  - Please provide a total number of residents in each of the above groups
- Based on the above groups, members of the panel will review a proportion of resident charts. Although an exact number cannot be determined until further information is provided, the panel will aim to review 20% to 25% of resident charts. In smaller groups (e.g., the psychopathy track, juvenile charts, elderly charts) the panel may review a majority or all of the charts.
  - Resident charts will be selected based on a stratified random sample insuring that there are sufficient charts within each strata to make meaningful conclusions and recommendations for important subgroups (e.g., juveniles, elderly residents).